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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/575,813			ing Date 03/2007	To be Mailed
APPLICATION AS FILED — PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A		]	N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		*			x \$ =		OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		*			x \$ =		1	x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE she is 3	If the specification and dr sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an			ication size fee due ntity) for each action thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAI SMALL ENTITY OR SMALL ENT				
AMENDMENT	12/10/2010	CLAIMS REMAINING AFTER AMENDMEN	Г	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 46	Minus	** 64		= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 1	Minus	***6		= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Columi	n 2)	(Column 3)		•				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		Ξ		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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